

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/517591 FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/				
2		/				
3		/				
4		/				
5		/				
6		Ⓚ				
7		Ⓚ				
8		Ⓚ				
9		Ⓚ				
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TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	18	←		←		←
TOTAL CLAIMS	68					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						